

County: Milwaukee  
HERITAGE SQUARE HEALTHCARE CENTER  
5404 WEST LOOMIS ROAD

Facility ID: P180

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GREENDALE 53129 Phone: (414) 421-0088  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 100  
Total Licensed Bed Capacity (12/31/01): 100  
Number of Residents on 12/31/01: 91

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? No  
Average Daily Census: 91

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		86.8
Supp. Home Care-Personal Care	No					1 - 4 Years		12.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.7	More Than 4 Years		1.1
Day Services	No	Mental Illness (Org./Psy)	8.8	65 - 74	11.0			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	47.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	34.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	6.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	22.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	22.0	65 & Over	92.3	-----		
Transportation	No	Cerebrovascular	17.6		-----	RNs		15.8
Referral Service	No	Diabetes	3.3	Sex	%	LPNs		15.1
Other Services	Yes	Respiratory	4.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	15.4	Male	37.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	62.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Fami ly Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	51	100.0	277	0	0.0	0	0	0.0	0	32	100.0	188	0	0.0	0	8	100.0	315	91	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	51	100.0		0	0.0		0	0.0		32	100.0		0	0.0		8	100.0		91	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	2.2	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	8.8	62.6	28.6	91
Other Nursing Homes	0.8	Dressing	12.1	62.6	25.3	91
Acute Care Hospitals	96.8	Transferring	14.3	62.6	23.1	91
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	14.3	62.6	23.1	91
Rehabilitation Hospitals	0.0	Eating	69.2	22.0	8.8	91
Other Locations	0.3	*****				
Total Number of Admissions	924	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.7	Receiving Respiratory Care		7.7
Private Home/No Home Health	31.4	Occ/Freq. Incontinent of Bladder	47.3	Receiving Tracheostomy Care		1.1
Private Home/With Home Health	28.3	Occ/Freq. Incontinent of Bowel	23.1	Receiving Suctioning		1.1
Other Nursing Homes	5.9			Receiving Ostomy Care		3.3
Acute Care Hospitals	17.3	Mobility		Receiving Tube Feeding		4.4
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		26.4
Rehabilitation Hospitals	0.0					
Other Locations	11.4	Skin Care		Other Resident Characteristics		
Deaths	5.7	With Pressure Sores	11.0	Have Advance Directives		38.5
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	919			Receiving Psychoactive Drugs		41.8

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.0	77.1	1.18	85.7	1.06	82.7	1.10	84.6	1.08
Current Residents from In-County	90.1	82.7	1.09	86.1	1.05	85.3	1.06	77.0	1.17
Admissions from In-County, Still Residing	7.7	19.1	0.40	17.5	0.44	21.2	0.36	20.8	0.37
Admissions/Average Daily Census	1015.4	173.2	5.86	212.2	4.78	148.4	6.84	128.9	7.88
Discharges/Average Daily Census	1009.9	173.8	5.81	210.1	4.81	150.4	6.71	130.0	7.77
Discharges To Private Residence/Average Daily Census	603.3	71.5	8.44	87.3	6.91	58.0	10.40	52.8	11.43
Residents Receiving Skilled Care	100	92.8	1.08	93.8	1.07	91.7	1.09	85.3	1.17
Residents Aged 65 and Older	92.3	86.6	1.07	94.0	0.98	91.6	1.01	87.5	1.06
Title 19 (Medicaid) Funded Residents	0.0	71.1	0.00	60.5	0.00	64.4	0.00	68.7	0.00
Private Pay Funded Residents	35.2	13.9	2.54	26.1	1.35	23.8	1.48	22.0	1.60
Developmentally Disabled Residents	0.0	1.3	0.00	0.9	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	8.8	32.5	0.27	27.3	0.32	32.2	0.27	33.8	0.26
General Medical Service Residents	15.4	20.2	0.76	27.4	0.56	23.2	0.66	19.4	0.79
Impaired ADL (Mean)	49.5	52.6	0.94	51.2	0.97	51.3	0.96	49.3	1.00
Psychological Problems	41.8	48.8	0.86	52.4	0.80	50.5	0.83	51.9	0.80
Nursing Care Required (Mean)	6.9	7.3	0.94	6.7	1.03	7.2	0.95	7.3	0.94